# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

NOV 16 1937

Do not use this space.

**1. PLACE OF DEATH**

County _Cole_

Registration District No. _213_

File No. _37485_

Township _____

Primary Registration District No. _3019_

Registered No. _277_

City _Jefferson City_ (No.) _____ St. _____ Ward

**2. FULL NAME** _Mrs Mary B Cadman_

(a) Residence, No. _311 Jackson Str_ St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** _George O Cadman_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** _2-2-1858_

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, .......hrs. or .......min. |
|---|---|---|---|---|
| | 79 | 8 | 26 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Housekeeper_

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** _Jefferson City, Mo._

**FATHER**

13. NAME _John Bauer_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

**MOTHER**

15. MAIDEN NAME _Anna Babora Roedder_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Germany_

**17. INFORMANT (ADDRESS)** _Mrs Clara McFadden_

**18. BURIAL, CREMATION, OR REMOVAL** PLACE _Woodlawn Cemetery_ DATE _Oct 30, 1937_

**19. UNDERTAKER (ADDRESS)** _Buescher Funeral Home 729 E. Santa Ry Victor Buescher_

**20. FILED** _10/29/1937_ _W B Jones M.D_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** _Oct. 28. 37_

22. I HEREBY CERTIFY, That I attended deceased from _Oct 18_ 1937, to _Oct 28_, 1937.

I last saw h__ alive on _Oct 28_ 1937. Death is said to have occurred on the date stated above, at _6_ m.

The principal cause of death and related causes of importance were as follows:

_Broncho Pneumonia Term to Senility_

Date of onset _4 days_

_1090_

Other contributory causes of importance:

_Senility Senility 79_

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ Was there an autopsy? _no_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _no_

If so, specify _____

(Signed) _Jas A Hill_ , M. D.

(Address) _Jefferson City Mo_